

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Adrian, S.C.
Township of Adrian
or
Inc. Town of Adrian
or
City of Adrian
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12565

Registration District No. 24 Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Baby Elizabeth

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH May 20, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Rance W. Adams
9) PRESENT POSTOFFICE OF FATHER Adrian, S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 42
(Year) 12) BIRTHPLACE Adrian County, S.C.
13) OCCUPATION Carpenter
20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Bessie L. Adams
15) PRESENT POSTOFFICE OF MOTHER Adrian, S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 31
(Year) 18) BIRTHPLACE Adrian, S.C.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Adrian, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harley Adams, Jr. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Adrian, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19 Registrar

(27) Filed 5/25/23 (28) M. Adkins Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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